

SERFF Tracking Number:	MUTM-126816811	State:	Arkansas
Filing Company:	Mutual of Omaha Insurance Company	State Tracking Number:	46912
Company Tracking Number:	THEA SHEPHERD		
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005C Individual - Other
Product Name:	2010 PPACA		
Project Name/Number:	2010 PPACA /		

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2010 PPACA

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005C Individual - Other

Filing Type: Form

SERFF Tr Num: MUTM-126816811 State: Arkansas

SERFF Status: Closed-Approved-Closed
State Tr Num: 46912

Co Tr Num: THEA SHEPHERD

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Wanda Hill, Sofia Kuehn, Disposition Date: 10/07/2010

Brandi Lashley, Kim Meyerring,
June Rodgers, Jan Serafini, Thea
Shepherd, Mike DiLorenzo, Gilbert
Burket, Kendra Sayler, Melanie
Schultz, Robyn Gonzales, Joanne
Najdzin, Kristin Miller, Philip Boll,
Lisa Koch, Katie Tupper

Date Submitted: 09/28/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 2010 PPACA

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/07/2010

Deemer Date:

Submitted By: Kristin Miller

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/07/2010

Created By: Kristin Miller

Corresponding Filing Tracking Number:

SERFF Tracking Number: MUTM-126816811 State: Arkansas
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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: 2010 PPACA
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RE: NAIC #: 261-71412 FEIN: 47-0246511

Mutual of Omaha Insurance Company

Form Filing to Implement 2010 Federal Health Care Reform

OMX4M - Patient Protection and Affordable Care Act Rider

On behalf of Mutual of Omaha Insurance Company, I am submitting the above captioned form in final printed format for review and approval.

Form OMX4M is being filed to bring our grandfathered individual health benefit plans into compliance with the Patient Protection and Affordable Care Act.

The rider will attach to all previously approved policies that are impacted by the Patient Protection and Affordable Care Act. Mutual of Omaha Insurance Company exited the individual major medical insurance market several years ago and is no longer marketing any major medical benefit plans. The impacted policies are part of a closed block of business and represent a very small number of insureds.

Please contact me if you have any questions.

Sincerely,

Thea Shepherd
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-4020
Fax: 402-351-5298
E-mail: thea.shepherd@mutualofomaha.com

Company and Contact

Filing Contact Information

Mike DiLorenzo, Senior Product & Advertising Compliance Analyst mike.dilorenzo@mutualofomaha.com
Mutual of Omaha 402-351-5979 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

SERFF Tracking Number: MUTM-126816811 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46912
Company Tracking Number: THEA SHEPHERD
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: 2010 PPACA
Project Name/Number: 2010 PPACA /
Mutual of Omaha Insurance Company CoCode: 71412 State of Domicile: Nebraska
Mutual of Omaha Plaza Group Code: 261 Company Type: Health Insurance
Omaha, NE 68175 Group Name: State ID Number:
(402) 351-6420 ext. [Phone] FEIN Number: 47-0246511

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	09/28/2010	39945462

<i>SERFF Tracking Number:</i>	<i>MUTM-126816811</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46912</i>
<i>Company Tracking Number:</i>	<i>THEA SHEPHERD</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>2010 PPACA</i>		
<i>Project Name/Number:</i>	<i>2010 PPACA /</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/07/2010	10/07/2010

<i>SERFF Tracking Number:</i>	<i>MUTM-126816811</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46912</i>
<i>Company Tracking Number:</i>	<i>THEA SHEPHERD</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>2010 PPACA</i>		
<i>Project Name/Number:</i>	<i>2010 PPACA /</i>		

Disposition

Disposition Date: 10/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126816811 State: Arkansas

Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46912

Company Tracking Number: THEA SHEPHERD

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: 2010 PPACA

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	No
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	No
Form	Patient Protection and Affordable Care Act Rider	Approved-Closed	No

SERFF Tracking Number: MUTM-126816811 State: Arkansas

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Company Tracking Number: THEA SHEPHERD

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: 2010 PPACA

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Form Schedule

Lead Form Number: 0MX4M

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/07/2010	0MX4M	Policy/Cont ract/Fratern al	Patient Protection and Affordable Care Act Rider	Initial			Rider 0MX4M.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made a part of the policy or certificate to which it is attached. It is subject to all parts of your policy or certificate not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy or certificate, this rider will control.

Rider Date: September 23, 2010

PATIENT PROTECTION AND AFFORDABLE CARE ACT

Despite anything in the policy or certificate to the contrary, the following provisions apply to ensure compliance with Federal health care reform known as the Patient Protection and Affordable Care Act, including any amendments, regulations, rules or other guidance issued with respect to the act ("Act"):

1. If your policy or certificate contains a lifetime dollar maximum on the value of all benefits, such lifetime dollar maximum no longer applies.
2. Coverage cannot be rescinded except for fraud or intentional misrepresentation of a material fact.
3. If coverage includes dependents, dependent child coverage will continue until the date the dependent child turns age 26 regardless of the marital status of such dependent child. Coverage does not include the spouse or child of such dependent child unless that child meets other coverage criteria established under state law. All other dependent child eligibility requirements under your policy or certificate continue to apply.

Mutual of Omaha Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, flowing style.

Corporate Secretary

SERFF Tracking Number:	MUTM-126816811	State:	Arkansas
Filing Company:	Mutual of Omaha Insurance Company	State Tracking Number:	46912
Company Tracking Number:	THEA SHEPHERD		
TOI:	H161 Individual Health - Major Medical	Sub-TOI:	H161.005C Individual - Other
Product Name:	2010 PPACA		
Project Name/Number:	2010 PPACA /		

Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	10/07/2010
Bypass Reason:	Not required for this filing.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	10/07/2010
Bypass Reason:	Not required for this filing.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	10/07/2010
Bypass Reason:	Not required for this filing.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	10/07/2010
Bypass Reason:	Not required for this filing.		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/07/2010
Comments:			
Attachment:			
	PPACA Uniform Compliance Summary.pdf		

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			